

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027564

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 130

VS 300
Rev. 4/596497
6490

3

4 0

5 1

6

7 0

8 1

9 9103

10 4

11 116

12 2-0

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH AUG 1 1962

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CarthageLength of stay in lb
3 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION McCune-Brooks HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Jasper

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
South 1st St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Gilbert George Sharp4. DATE OF DEATH
Month Day Year
July 25, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8-22-19329. AGE (last birthday)
29IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Chief Hooker10b. KIND OF BUSINESS OR INDUSTRY
Marble Quarry11. BIRTHPLACE (City and state or country)
Jasper, Barton Co., Mo. U.S.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

George Sharp

13b. MOTHER'S MAIDEN NAME

Opal Keltner

14. NAME OF HUSBAND OR WIFE

Betty Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)Yes ☒ No ☐ (If yes, give war or dates of service)
Korean

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Betty Weber, Jasper, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Failure, Status
Dyspnoeas, Right
Trauma of Right ChestINTERVAL BETWEEN
ONSET AND DEATH
minutes

3 days

3 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)
Multiple Fractures, Ribs, RightPART III. If deceased was female was
there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
marble slabs fell on deceased20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m. 7 23 6220d. INJURY OCCURRED
WHILE AT WORK ☒
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
factory20f. CITY, TOWN, OR LOCATION
CarthageCOUNTY
JasperSTATE
Mo21. I attended the deceased from
performed the autopsy

Death occurred at 6:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A E Upsher

M D

22b. ADDRESS

Kansas City - 6 - Mo

22c. DATE SIGNED

7/26/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-28-1962

23c. NAME OF CEMETERY OR CREMATORY

Waters Cemetery

23d. LOCATION (City, town, or county)

Barton County, Mo.

24. FUNERAL DIRECTOR

Martin Selvey

ADDRESS

Jasper, Mo.

25. DATE RECD. BY LOCAL REG.

7-27-62

26. REGISTRAR'S SIGNATURE

Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

AUG 14 1962

AUG 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George W. Newcomb
Licensed Embalmer No. 4671

P. O. Address Jefferson, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.